EXHIBIT NO. 15
DATE 3/11/13
BILL NO. 270

Senate Bill 270 A Bill to allow for parity in the payment of covered healthcare services delivered via Telemedicine, with those provided face to face. The bill does not mandate "new" coverage.

Sponsor: Senator Ed Buttrey, R, Great Falls

Background: Telemedicine programs in Montana have been improving healthcare access to the citizens of rural and frontier Montana since 1993. Montana Telehealth Networks are recognized nationally for their innovatin, quality and service that they provide.

Today, licensed Montana physicians, physicians assistants, nurse practitioners and other allied health professions provide over 36 clinical services to patients that would not otherwise have those services available in their communities.

By providing care at the local level, patient burden of accessing care is reduced. In 2012, one network alone provided over 3000 patients received medical and mental health services and saved an estimated $1.9 million in travel expenses, lost work days, and other out of pocket expenses. 96% of patients seen over telemedicine are retained in their local communities, improving access, and supporting local healthcare institutions and the community at large.

Montana physician and provider shortages are well documented. Telemedicine facilitates the distribution of precious limited resources in a cost effective and efficient manner. Simply, providers in Billings, Great Falls and other tertiary centers can deliver care to patients in their regions, without travel or inconvenience.

Talking Points:

1. States Legislating Telehealth Parity: 12 States covering over 106 million Americans have adopted legislation.* **California, Colorado, Georgia, Hawaii, Kentucky, Louisiana, Maine, New Hampshire, Oklahoma, Oregon, Texas, and Virginia.** In 2011, 6 States had pending legislation: **Florida, Maryland, New Mexico, Ohio, Pennsylvania and Vermont**

* Two States in the four state consortium that Blue Cross Blue Shield-Montana intends to join, Texas and Oklahoma, passed legislation in **1997**. New Mexico, a third State in the Consortium has legislation pending.

2. Such legislation would not increase benefits, only to explicitly recognize Telehealth as a way to deliver the covered services. This is unlike other common insurance mandates, such as vision services.

3. Many insurers already cover Telehealth-provided covered services under the plain language of their benefit coverage. For example, if a policy covers "physician services" then there is no basis to deny a Telehealth-provided covered physician service.

4. Consumer Choice: Patients should be able to choose how they receive a covered service, including their urgency, convenience and satisfaction.

5. Non-discrimination: Telehealth methods of providing covered services should be on parity with in-person methods. This legislation does not require new coverage.

6. Reduce disparities in access to care: For many people access to in-person services is very difficult for a wide variety of reasons, notably their mobility limitations, major distance or time barriers, and transportation limitations (don't drive, have a car, or have transit available). For existing programs however funded, track metrics of interest to the leglislators (miles saved, transfers avoided).

7. Improve physician availability: Many areas of the state already have numerical shortage of needed providers. Another problem is a lack of providers willing to treat the patients of a particular payor (usually for reimbursement reasons). These problems are only expected to worsen. Telehealth methods can reduce providers practice costs, improve their productivity, and facilitate triaging for specialty care.

8. Improve quality of care: Key health status indicators, like infant mortality and stroke related disability, can be improved. Wider patient choices will foster provider competition.

9. Using Innovation: Each state, as the regulator of insurance policies offered to its citizens, has a strong and vital interest in taking advantage of health care delivery innovations, especially to improve quality, reduce costs, improve timely access to needed care, and to improve citizen satisfaction.

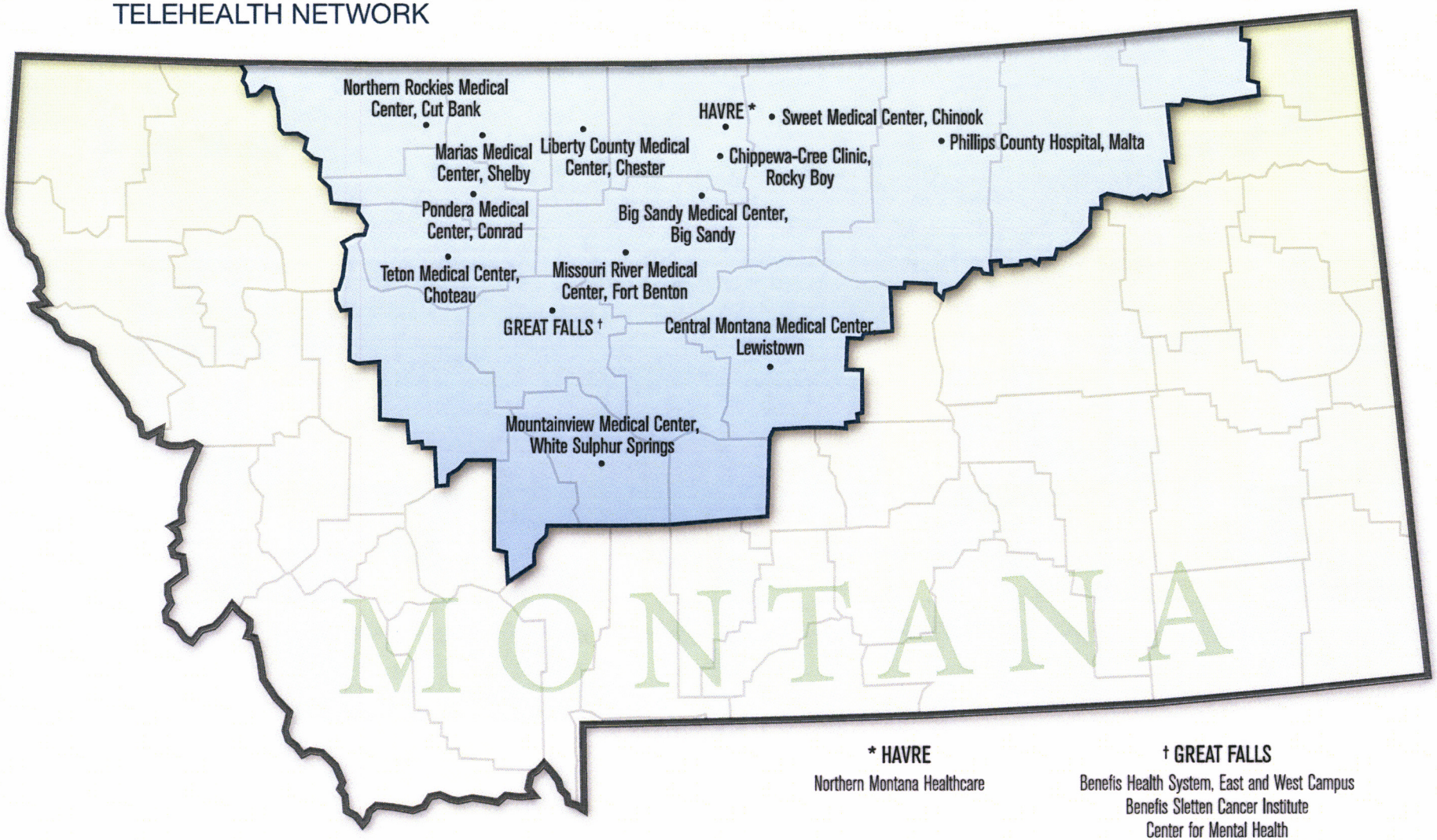
Possible points against Telehealth-provided covered services & rebuttals.

1. Essential benefits: An opposition argument may be that the state should not enact further health benefit requirements until "essential health benefits" under the federal Patient Protection and Affordable Care Act are determined. This is a weak diversionary attempt to forestall action. This legislation does not require any health benefit plan to add new covered services, only to recognize Telehealth-provided covered services.

2. Malpractice: An opposition argument may be that telemedicine increases a providers medical liability. This is largely a baseless scare. There have been few liability claims. Instead, the more recordable nature of telemedicine improves documentation and there is some increasing liability in the standard of care case law for NOT using Telehealth.
3. Mandating: Commercial insurers oppose, as a philosophical principle, almost any state requirement.

Benefis
REACH MONTANA
TELEHEALTH NETWORK

REGIONAL MAP



*** HAVRE**
Northern Montana Healthcare

† GREAT FALLS
Benefis Health System, East and West Campus
Benefis Sletten Cancer Institute
Center for Mental Health
Cascade County/City of Great Falls Health Department

NMHA

NORTHCENTRAL MONTANA HEALTHCARE ALLIANCE

REGIONAL MAP